

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Algier's Ramon Sanders Garcia

Write the full name of each plaintiff.

CV

(Include case number if one has been assigned)

-against-

John Doe #1

John Doe #2

D.E.A

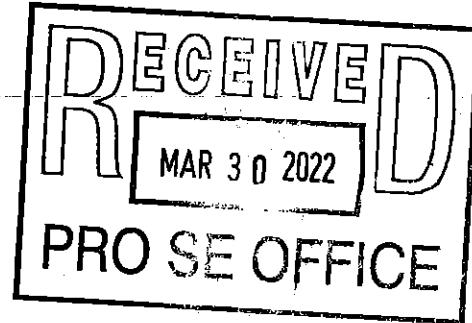
John J Kerwick

Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.

COMPLAINT

Do you want a jury trial?

Yes No



NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal-court jurisdiction in your case?

Federal Question

Diversity of Citizenship

A. If you checked Federal Question

Which of your federal constitutional or federal statutory rights have been violated?

Cruel and Unusual punishment

B. If you checked Diversity of Citizenship

1. Citizenship of the parties

Of what State is each party a citizen?

The plaintiff, _____, is a citizen of the State of _____.
(Plaintiff's name)

(State in which the person resides and intends to remain.)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of _____

If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.

If the defendant is an individual:

The defendant, _____, is a citizen of the State of
(Defendant's name)

or, if not lawfully admitted for permanent residence in the United States, a citizen or
subject of the foreign state of _____

If the defendant is a corporation:

The defendant, _____, is incorporated under the laws of
the State of _____

and has its principal place of business in the State of _____

or is incorporated under the laws of (foreign state) _____

and has its principal place of business in _____

If more than one defendant is named in the complaint, attach additional pages providing
information for each additional defendant.

II. PARTIES

A. Plaintiff Information

Provide the following information for each plaintiff named in the complaint. Attach additional
pages if needed.

Alcieri's

First Name

Ramon

Middle Initial

Sander's Garcia

Last Name

10 woods

Road

Po Box 10

Street Address

Westchester, Valhalla New York 10595

County, City

State

Zip Code

347-835-8055

Telephone Number

CIARibeiro31@gmail.com

Email Address (if available)

B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1:

John Doe #1
 First Name Last Name
 D.E.A.

Current Job Title (or other identifying information)

140 Grand Street #207

Current Work Address (or other address where defendant may be served)

White plains NY 10601
 County, City State Zip Code

Defendant 2:

John Doe #2
 First Name Last Name
 D.E.A.

Current Job Title (or other identifying information)

140 Grand Street #207

Current Work Address (or other address where defendant may be served)

white plain's NY 10601
 County, City State Zip Code

Defendant 3:

JOHN J KERWICK
 First Name Last Name
 DEA

Current Job Title (or other identifying information)

140 GRAND STREET #207

Current Work Address (or other address where defendant may be served)

White PLAINS NY 10601
 County, City State Zip Code

Defendant 4:

First Name _____ Last Name _____

Current Job Title (or other identifying information) _____

Current Work Address (or other address where defendant may be served) _____

County, City _____ State _____ Zip Code _____

III. STATEMENT OF CLAIM

Place(s) of occurrence: BUSHY AVENUE IN YONKERS TO close Ridgeview Avenue

Date(s) of occurrence: November 29th, 2021

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and what each defendant personally did or failed to do that harmed you. Attach additional pages if needed.

See ATTACHED sheet

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

See ATTACHED sheet.

IV. RELIEF

State briefly what money damages or other relief you want the court to order.

I am requesting full Compensation for my mental health, emotional distress, proper medical treatment, pain and suffering along with punitive damage's due to the traumatic action of the defendants involved. I am requesting 900,000 due to all the reason mentioned above. This situation has deprived me of participation in my case.

V. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

03/25/2022

Dated

Algiers

Plaintiff's Signature

Algiers

First Name

Ramon

Middle Initial

Sanders Garcia

Last Name

10 Woods Road PO Box 10

Street Address

Westchester, Valhalla New York 10595

County, City

State

Zip Code

347-835-8055

Telephone Number

CIARibeL931@gmail.com

Email Address (if available)

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

Yes No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.

#Nacional



#Terrorismo

Neonazis se declaran culpables de intentar atacar red eléctrica

EFE
WASHINGTON

Tres hombres supremacistas blancos se declararon culpables de participar en un complot para atacar con rifles la red eléctrica en varios puntos de Estados Unidos y dañar la economía del país, informó ayer el Departamento de Justicia.

Christopher Cook, de 20 años, Jonathan Frost, de 24, y Jackson Sawall, de 22, admitieron haber adquirido armas para sabotear instalaciones eléctricas, lo que se considera un delito federal, por el que afrontan penas máximas de prisión de 15 años.

“Estos tres acusados admitieron haber participado en un complot inquietante en apoyo del supremacismo blanco para atacar las instalaciones de energía con el fin de dañar la economía y avivar la división en nuestro país”, dijo el encargado de Seguri-

Adquirieron armas

Christopher Cook, de 20 años, Jonathan Frost, de 24, y Jackson Sawall, de 22, admitieron haber adquirido armas para sabotear instalaciones eléctricas.

dad Nacional del Departamento de Justicia, Matthew Olsen, según un comunicado.

Frost y Cook se conocieron en 2019 en internet, acordaron atacar la red eléctrica y comenzaron a reclutar a otros jóvenes mediante listas de lecturas de libros que “promovían el supremacismo blanco y el neonazismo”. Más tarde Sawall se unió al plan.

Cada uno de los tres tenía asignada una estación eléctrica para atacar con rifles con el objetivo de que ocasionar un gasto de millones de dólares al Gobierno y causar

malestar entre la población.

“Tuvieron conversaciones sobre la posibilidad de que un apagón eléctrico durante meses desembocara en una guerra, incluso una guerra racial, y provocara una Gran Depresión”, afirmó el Departamento de Justicia.

Los tres planeaban llevar durante el atentado collares con píldoras de fentanilo (un opiáceo sintético que es entre 80 y 100 veces más fuerte que la morfina) que ingerían en caso de ser arrestados por la policía para morir de una sobredosis.

Mantuvieron reuniones tanto en Texas como en Ohio, donde pintaron una esvástica debajo de un puente para reclutar a otros miembros.

“Aquellos inspirados para cometer actos terroristas en nombre del odio representan una seria amenaza para nuestra nación”, dijo William River, agente del FBI a cargo del caso, en el comunicado. •

Muere tras disparar a policía en Florida
Un hombre que disparó a un policía y se dio a la fuga durante un control de tráfico en el condado de Taylor, Florida, fue abatido ayer por el dueño de una vivienda al entrar violentamente en la misma.

#Racismo

Comunidad afroamericana recibió 57 amenazas de bomba

EFE
WASHINGTON

EEUU registró en los dos primeros meses del año 57 casos de amenazas de bomba contra universidades, otras instituciones educativas y centros de culto dirigidos a la comunidad afroamericana, según los datos aportados por el FBI en un comunicado.

Dichas amenazas llegaron por medio de llamadas telefónicas, correos electrónicos, mensajes instantáneos y publicaciones anónimas en internet.

La institución está investigando como “crímenes de odio por motivos raciales” las 57 amenazas de bomba que sufrieron los centros educativos entre el 4 de enero y el 16 de febrero de este año.

Los agentes del FBI están

Crímenes de odio

La institución está investigando como “crímenes de odio por motivos raciales” las 57 amenazas de bomba que sufrieron los centros educativos.

realizando “cientos de interrogatorios” y reuniendo evidencias en coordinación con policías locales y estatales para “identificar a los involucrados”.

“Aunque no se han encontrado artefactos explosivos relacionados con estas amenazas, el FBI las toma todas con la mayor seriedad y permanecerá alerta para proteger a nuestras comu-

nidades”, afirmó. Durante los últimos dos meses se ha registrado una ola de amenazas contra centros educativos y de culto históricamente dedicados a la comunidad afroamericana, lo que en algunos casos ha llevado el cierre de instalaciones y la alteración de sus actividades.

Entre las instituciones amenazadas está la Universidad de Howard, centro de estudios de Washington que el pasado 1 de febrero recibió de madrugada una amenaza de bomba, si bien la Policía inspección sus instalaciones y no halló ningún artefacto explosivo.

El 8 de febrero, un instituto Las amenazas se intensificaron a principios de febrero, cuando comenzó el Mes de la Herencia Negra. •

LOS OFICIALES DE POLICÍA SIEMPRE DEBEN TRATARLE CON RESPETO

Si experimenta ó ve los agentes de policía:

Utilizando fuerza excesiva ó innecesaria

Abusando su autoridad

Comportándose groseramente

Utilizando insultos racistas ó de otro tipo

Contacte la Junta de Querellas Civiles de la Ciudad de Nueva York.

Síguenos en Twitter en @CCRB_NYC

PRESENTA UNA QUERELLA AL
NYC.GOV/CCRBCOMPLAINT

Ó LLAME AL 1-800-341-CCRB (2272)



#Inmigración



Baja el número de inmigrantes detenidos en febrero
El número de inmigrantes arrestados en las prisiones de la Oficina de Inmigración y Aduanas (ICE) bajó este mes de febrero, mientras sube el número de extranjeros que son liberados bajo el Programa de Alternativas de Detención (ATD)



Bajo la administración Biden se mantienen las detenciones numerosas de inmigrantes en la frontera. /ARCHIVO

Aumenta al doble estricta 'detención alternativa' de los indocumentados

Jesús García
jesus.garcia@eldiariony.com

Cada vez más inmigrantes indocumentados están bajo los programas alternativos de detención de la oficina de Inmigración y Control de Aduanas (ICE), pues en un año se ha duplicado, al tiempo que la vigilancia de estos no ciudadanos es estricta al tener que portar grilletes con GPS o ser monitoreados con otra tecnología en teléfonos celulares.

Eso a pesar de que el número de inmigrantes detenidos por ICE ha disminuido en febrero, indica un reporte del Centro de Información y Acceso de Registros Transaccionales (TRAC) de la Universidad de Syracuse, Nueva York.

Ahora más inmigrantes son liberados bajo el Programa Alternativas de Detención (ATD, en inglés), el cual permite a los no ciudadanos permanecer en libertad condicionada, mientras esperan una solución en tribunales.

El investigador del TRAC,

'La Migra' ha intensificado el uso de variantes de captura con apoyo de alta tecnología

Austin Kocher

Investigador

«Estamos siendo testigos de un cambio profundo en las formas geográficas de vigilancia y control de los migrantes».

Austin Kocher, destacó que cuando el presidente Joe Biden asumió la presidencia había 90,000 inmigrantes bajo ese programa, pero ahora hay más de 182,000.

"Estamos siendo testigos de un cambio profundo en las formas geográficas de vigilancia y control de los migrantes", escribió Kocher.

El experto en inmigración está de acuerdo con las teorías de que estas alternativas de detención "no son alternativas de detención", sino otras

formas de la misma.

"Estos muros y fronteras, estas formas de 'supervisión aumentada', operan a nivel tecnológico a través de informes telefónicos, grilletes de tobillo GPS", recuerda. "Cada vez más, a través de aplicaciones basadas en teléfonos inteligentes, como SmartLINK, que son menos visibles que un dispositivo con correas en el tobillo pero ofrecen un seguimiento más intenso y re-copilación de datos".

Kocher retoma los datos publicados por ICE sobre el incremento de inmigrantes bajo ATD, las cuales no considera "alternativas a la detención".

"ATD representa la extensión geográfica de la lógica carcelaria en la vida cotidiana de las personas fuera de los muros de la prisión/detención, que se manifiesta en nuevas formas de muros digitales alrededor del hogar y el trabajo, y nuevas fronteras temporales en torno a horas y fechas específicas", consideró.

El experto en inmigración está de acuerdo con las teorías de que estas alternativas de detención "no son alternativas de detención", sino otras

"Uno de los agentes de la Patrulla Fronteriza siguió a este individuo y mientras lo detenía disparó su arma de fuego hiriendo fatalmente al migrante, tentativamente identificado como ciudadano de México", señaló en un comunicado.

"Los agentes de la Patrulla Fronteriza transmitieron una solicitud de asistencia médica por radio, evaluaron al migrante y determinaron que había fallecido", agregó.

Señaló que mientras buscaban en los alrededores, los agentes de la Patrulla Fronteriza detuvieron a otros dos inmigrantes indocumentados que formaban parte del mismo grupo.

Agente es investigado

La oficina del alguacil dijo que ya fueron informados de la causa de la muerte del inmigrante y que investigan al "agente involucrado en el incidente".

Todos los inmigrantes fueron transportados a la estación de la Patrulla Fronteriza de Douglas.

De otro lado, la Coalición de Comunidades de la Frontera Sur pidió ayer una investigación independiente de los hechos, al denunciar que hubo irregularidades en la forma como se procesó el incidente.

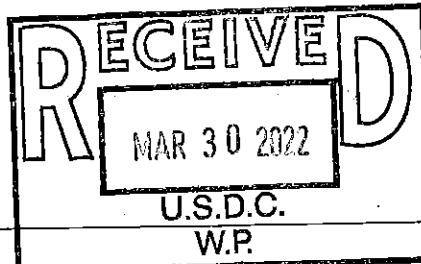
La Patrulla Fronteriza señaló ayer que durante el hecho agentes en caballos detuvieron la noche del sábado a tres inmigrantes indocumentados en el lugar y que otro intentó huir hacia el cañón.

"No puede haber una investigación independiente de los agentes fronterizos con la participación de la agencia que los emplea", señaló.



Hasta el momento no se ha dado a conocer la identidad y nacionalidad del hombre que murió. /GETTY IMAGES

(Facts)



Page (1)

During an arrest administered by the D.E.A, I was walking on the sidewalk. when a demanding voice yelled to stop where i was, I (Sanders) look at the direction where the aggressive voice is coming from. They had weapon aimed at my body, I stopped, made no movement to flee. Afterwards, I was ~~hand~~ hand - Cuffed and placed into an unidentified truck. The Unmarked truck had no signs that visibly affiliated with any Police agency. while in the passenger's side of the unidentified truck, Agent (A) was in the driver's side, and agent (B) in the back seat. when the truck was in route, Agent (A) the driver started to viciously attack me. Agent (A) was steering with he's left hand, and punching my left side of my face, ten or more times with his right hand. Agent (A) was using he's right clenched fist

Page (2)

to administer the Sudden Strike. Meanwhile Agent (B) progressed to hold me down tight Using the seat belt. At this point both agents (A) and (B) were harming me: Agent (A) continues to strike me, and Agent (B) started to choke me. Using the seat belt. At that point the left side of my face was in severe pain from the multiple strikes from Agent (A). All i could do ~~was~~ was sway to the right close to the window to try avoid my strikes. While trying this hard maneuver ~~with~~ with Agent (B) still holding me by the throat, I felt three fingers include: Middle ring, and pinky my right hand pop out the sockets. I yelled in agony however Agent (A) started to ask me question's. I generally could not understand the question, because English is not my first language. I plead with the little amount of English that i could speak, to why

Page 13)

I was being attacked. Finally Agent (B) told Agent (A) to calm down, thankfully Agent (A) listened. I could see my reflection on the window, I had a huge bruise under my left eye, and my right hand had sharp pinching pain. Both Agent's (A) and (B) looked at each other, and did not continue to speak at all. I pointed out to best of my ability, that I was in severe pain from the attack. However both agents did not consider my plea to seek medical attention: they drove me straight to D.E.A holdings.

(Injuries)

All the actions that resulted in wrongful acts done by the agent's involved. I was mistreated harmed and abused. When they bluntly attacked while hand-cuffed. Agents (A) & (B) denied my need to ~~see~~ seek medical attention; when three of my fingers middle, ring, and pinky were broken. In the process of the assault my face was severely damaged since the date of complaint (occurrence) I have seek medical assistance at Westchester County Correction. I currently have difficult listening out my left ear, and nightmare's of the experience with the D.E.A. The D.E.A has causes unnecessary physical distress and damage to a complaint individual.



Health Services Request			Status: <input type="checkbox"/> Adult <input type="checkbox"/> Juvenile
Patient Name	Patient Number	Booking Number	Date of Birth
Alcieri Sanders	0000265583		10-07-1988
Today's Date:		12-12-22	

Name (Nombre): Alcieri Sanders Patient ID# (Número de ID): 1000265583

DOB (Fecha de nacimiento): 10-07-1988 Housing Location (Localidad): PTL-C 7741

Type of Request: Medical/Medico Mental Health/Salud Mental Dental
 Medication Assisted Treatment (Detox)/Programa de desintoxicacion
 Other/Otro: _____

Please describe problem: (Describe los problemas):

MY LOWER LEFT SIDE OF MY BACK HURTS ABOUT 2 MONTHS AGO
I WAS BEATING BY THE DOOR I CANT TAKE THE PAIN IN
MY LEFT EYE AND EAR ALSO MY LOWER BACK INOT SLEEPING

A

Patient Signature: A Date/Time: 12-12-22

To be completed by healthcare staff:

Received: FEB 19 2022

Date: _____ Time: 0153

Signature: H.Bishop Helene Bishop
 Registered Nurse

Triage: Emergent Urgent

Routine Date/Time: 2/19/22 6:11 Initials: GT

Face to Face Interaction? Yes No

Copay Charged? Yes No DNA

Findings: ① Back pain, R+ Knockle swelling Lt lower eye orbit,

Immediate Intervention needed? Yes No If yes, explain: _____

Scheduled with: Nurse Provider Mental Health Dental Eye Dr. Other _____

Response to Patient/Comments:

lt ear hearing loss; R- eye R+ hand

Treatment plan should not be noted above but documented on appropriate treatment forms.

QHP Signature: _____ Date/Time: _____

QHP Printed Name/Title: _____

*Querino Tondreau
 Registered Nurse*

Form Folder and Number:
 Health Request Forms HF03.0

Form Owner:
 Mary Ann Wollet

Accreditation:
 All

Active / Last Revision Date:
 November 16, 2021



D28861DPS6368PNXN



Health Services Request			Status: <input checked="" type="checkbox"/> Adult <input type="checkbox"/> Juvenile
Patient Name Algiers Sanders	Patient Number 0000265583	Booking Number	Date of Birth 10/17/88
		Today's Date: 02/25/22	

Name (Nombre): Algiers Sanders Patient ID# (Número de ID): 0000265583

DOB (Fecha de nacimiento): 10/17/88 Housing Location (Localidad): P-C 41

Type of Request: Medical/Medico Mental Health/Salud Mental Dental
 Medication Assisted Treatment (Detox)/Programa de desintoxicación
 Other/Otro: _____

Please describe problem: (Describe los problemas):

NO AGUANTO el dolor de LA ESPALDA
y LA PARTE IZQUIERDA de LA CABEZA Y EL oido LO
TIENGO POR DENTRO DAÑADO POR LOS golpe de LA PENA, ME
DUERLE MUCHO LA mano DERECHA NO PUEDO DORMIR

Patient Signature: (Signature) Date/Time: 02/25/22

To be completed by healthcare staff:

Received:

Date: 2/26/22

Time: 1⁵⁰ A

Signature: J. Williams, RN

Triage: Emergent Urgent

Routine Date/Time: 2/26/22 7²³ AM Initials: Gr

Face to Face Interaction? Yes No

Copay Charged? Yes No ENIA

Findings: X-ray (no fracture) (2) ear@ internal damage (hearing loss)

97.3

97%

Immediate Intervention needed? Yes No If yes, explain: _____

105

62

Scheduled with: Nurse Provider Mental Health Dental Eye Dr. Other: _____

Response to Patient/Comments:

Perforated membrane. (2/22/22) Seen by NP; specialist recommended

65

Req: PT four finger

Treatment plan should not be noted above but documented on appropriate treatment forms.

QHP Signature: _____ Date/Time: _____

QHP Printed Name/Title: _____

*Guerino Tondreau
Registered Nurse*

Form Folder and Number: Health Request Forma HF03.G	Form Owner: Mary Ann Waller	Accreditation: All	Active / Last Revision Date: November 16, 2021
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**Westchester County, NY
Westchester DOC
10 Woods Road
Valhalla, NY 10595
914-231-1085**

Physician's Order



Patient Name SANDERS-GARCIA, ALGIERS RAMON	Patient Number 265583	Booking Number 2021001926	Date of Birth 10/7/1988	Today's Date 11/30/2021
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Allergies. P Cat



* D 1 5 5 4 2 7 6 1 6 2 4 0 2 8 6 1 C 1 2 3 4 7 5 8 9 C P 3 5 1 0 9 P N X N *

Westchester County, NY
 Westchester DOC
 10 Woods Road
 Valhalla, NY10595

Receiving Screening



Patient Name	Patient Number	Booking Number	Birth Date	Date Of Service
ALGIERS RAMON SANDERS-GARCIA	265583	2021001926	10/7/1988	11/30/2021

Mental Health Special Housing
 GP with Referral (check appropriate box)
 Medical Mental Health Dental

IN105UN0960ACCEN052317 (Westchester, NY)

Westchester County, NY
 Westchester DOC
 10 Woods Road
 Valhalla, NY 10595
 914-231-1085

PN-1C-041



To hope and healing.

Staff Referral Form			Status	
Patient Name	Patient Number	Booking Number	<input checked="" type="checkbox"/> Adult	<input type="checkbox"/> Juvenile
SANDERS-GARCIA, ALGIERS RAMON	265583	2021001926	Date of Birth 10/7/1988	Today's Date: 2/19/2022

Type: Emergent Urgent Routine

Medical

Physician
 Mid-level Provider
 Nurse
 Chronic Care

Dental

Dentist

Mental Health

Psychiatric Provider
 MH Professional
 MH Nurse

Anticoagulation

Cardiac

Thyroid

Pregnancy

HIV

Asthma / COPD

Diabetes

Hyperlipidemia

Renal / Dialysis

Cancer

Hypertension

Seizures

Hep C

Hep A

Other: (note below)

Other:

None.

Reason for Referral:

Left ear hearing loss R/T injury.

Additional Information (including interim actions taken):

None

Referred By:

Mathai Riny, R.N.
 Printed Name: Guerino Tondreau
 Signature: Guerino Tondreau
 Registered Nurse

Reff to ENT
 Conductive loss
 Perforated eardrum
 Tympanostomy tube placed
 12/20/22

Date 12/20/22

Appointment Date

9/1/22 HB/GB
 HNB

Date Seen

Left ear pain
 ear pain
 12/20/22

Seen By:

Monique Luckett-Cummings
 Printed Name: Monique Luckett-Cummings
 Signature: Monique Luckett-Cummings
 Nurse Practitioner

Date

12/20/22



* 0 5 3 7 3 0 1 6 2 4 0 2 6 6 1 0 1 2 3 4 7 5 8 9 C P 1 9 3 3 2 P N X N *

Westchester County, NY
 Westchester DOC
 10 Woods Road
 Valhalla, NY10595

Receiving Screening



Patient Name	Patient Number	Booking Number	Birth Date	Date Of Service
ALGIERS RAMON SANDERS-GARCIA	265583	2021001926	10/7/1988	11/30/2021

Explain:

26. Is Patient state of consciousness abnormal in any way?

 Yes No

Describe:

27. Is Patient movement restricted or compromised in any way?

 Yes No

 ** No Items Selected **

Describe:

28. Is breathing abnormal? (e.g., persistent cough, hyperventilation, shortness of breath, dyspnea, etc.)

 Yes No

Explain:

29. Does Patient's skin or scalp have obvious lesions, lice or scabies, jaundice, rashes, bruises, edema, scars, tattoos, needle marks or other indications of drug abuse?

 Yes No

Explain: **TATTOOS: L FULL SLEEVE, RT SIDE OF CHEST, SCARS: RT SIDE OF EYEBROW, ECCHYMOSIS UNDER L EYE, PT HAS PIERCING ON L SIDE OF NECK**

30. Does Patient exhibit characteristics of potentially being at risk for victimization (e.g., age, small build, femininity, 1st time offender, passive or timid appearance)

 Yes No
Explain: **1ST TIME OFFENDER**

Remarks:

PT IS 33 Y O MALE, PT DENIES MEDICAL HX, SM HI, PT SEEN BY MHP IN BOOKING, PT CLEARED FOR GP, PT DENIES DRUG \ALCOHOL ABUSE, PT DID NOT RECEIVE ANY VACCINES WITHIN THE LAST 14 DAYS, PT REFUSED COVID-19 VACCINE, PT CLEARED FOR SCANNING.

Education provided orally and in writing on Access to Healthcare

 Yes No

Education provided orally and in writing on Access to Mental Health Services

 Yes No

Education provided orally and in writing on Sexual Assault Awareness

 Yes No

Education provided on Safe Sex Practices. Abstinence / Barrier protection discussed?

 Yes No

"611 Notice" given

 Yes No

Pre-Counseling HIV completed?

 Yes No

Are you interested in receiving HIV Testing?

 Yes No
Why **REFUSED**

HIV testing offered?

 Yes No

Why

HIV testing accepted?

 Yes No

Why

Are you interested in receiving the Hepatitis A and B vaccine?

 Yes No
Why **REFUSED**

Were you born between 1945-1965?

 Yes No

Westchester County, NY
Westchester DOC
10 Woods Road
Valhalla, NY10595

Complaints not Requiring
Medical Treatment Nursing
Documentation Pathway
NYCCSMS



Patient Name	Patient Number	Booking Number	Birth Date	Date Of Service
ALGIERS RAMON SANDERS-GARCIA	265583	2021001926	10/7/1988	2/19/2022

Routine

Data collection that does not trigger medical or mental health intervention

Provider Order required for Implementation of All Medication Interventions

Provider Order Required **Provider Order Not Required**

Provider Contacted

Mathai
Riny Time 7:50 AM PM

Emergency Interventions - N/A

Urgent Interventions - N/A

Routine Interventions

Educate patient that this complaint is not a medical condition that requires medical intervention

Reassure patient and refer to facility commissary for self-administered treatment for comfort care.

Instruct per Education Fact Sheet

Additional Documentation

Added 02/19/2022 08:37 PM EST by GTondreau RN

Patient complains of lower back discomfort left side; Left eye lower orbital discomfort; Left ear hearing loss; Right knuckle swelling; Requesting Tylenol for pain; On-call MD notified; Referred to opto & provider; Tylenol ordered; (Acetaminophen) Tylenol 325 mg tablet: give 2 tablet by mouth BID 8AM & 5PM PRN for 14 days. PRN Reason: Pain; Instructions read back for accuracy.

Scheduled Follow-up

- None - resolved*
- Provider*
- Behavioral Health*
- Nursing*
- Referral to*

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Patient Name	Patient Number	Booking Number	Birth Date	Date Of Service
ALGIERS RAMON SANDERS-GARCIA	265583	2021001926	10/7/1988	2/26/2022

EXAM Circles under eyes Yawning incessantly Nodding off during interview

Routine

Data collection that does not trigger medical or mental health intervention

Provider Order required for Implementation of All Medication Interventions

Provider Order Required **Provider Order Not Required**

Provider Contacted

Ulloa
 Raul Time 4 AM PM

Emergency Interventions - N/A

Urgent Interventions - N/A

Routine Interventions

- Educate patient that this complaint is not a medical condition that requires medical intervention
- Reassure patient and refer to facility commissary for self-administered treatment for comfort care.
- Instruct per Education Fact Sheet

Additional Documentation

Added 02/26/2022 05:21 PM EST by GTondreau RN

Patient enquiring about result X-ray of Right hand 3rd digit swelling; No acute fracture reported; Patient requesting PT for right hand; Patient complains of left ear hearing loss; Seen by NP on 2/22/22 and referred to specialist; On-call MD notified; PT request denied; To be followed up by med director re hearing loss recommendation.

Scheduled Follow-up

- None - resolved
- Provider
- Behavioral Health

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Progress Note



Patient Name	Patient Number	Booking Number	Birth Date	Date Of Service
ALGIERS RAMON SANDERS-GARCIA	265583	2021001926	10/7/1988	2/22/2022

Patient Allergies:

Observed Date	Type	Allergy	Reaction
11-30-2021	Allergy Items	Penicillins	Severe Anaphylaxis
02-01-2022	Allergen Group	Wool Alcohols	Itching

Patient Problems:

Observed Date	Category	Type	Problem	Confirmed By
02-22-2022	Acute	Ear	Unspecified perforation of tympanic membrane, left ear	Monique Luckett-Cummings
02-04-2022	Acute	Dental	Impacted teeth	hospital

Orders:

Medication	Dose	Schedule	Start Date	End Date
(Acetaminophen) Tylenol 325 mg tablet	2.00 tablet	Westchester Facility: BID 8AM and 5PM	2/20/2022 8:00:00 AM	3/6/2022 7:59:00 AM

 Vital Signs Taken

Patient Vitals:

Observed Date	BP	Pulse	Resp	Temp	Pulse Ox	Weight	BMI	PF#1	PF#2	PF#3	Waist
02-22-2022											
02:20 PM EST	118/68	81	16	98.30	99	-	-	-	-	-	-

Notes / History:

Free Text SOAPE

Added 02/22/2022 02:21 PM EST by MLuckettCummings Nurse Practitioner

02/22/22 approx 1220hrs

Pt seen in clinic r/t staff referral left ear hearing loss

S-Patient presenting for evaluation of left hearing loss mild pain intermittent 2/10 scale. Onset of symptoms was 2 months ago pt reports being hit in the ear several time by police. Patient denies symptoms of postnasal drip, facial pain.

Review of Systems: All other systems reviewed and are negative, denies vision changes

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Progress Note



Patient Name	Patient Number	Booking Number	Birth Date	Date Of Service
ALGIERS RAMON SANDERS-GARCIA	265583	2021001926	10/7/1988	2/22/2022

Patient Allergies:

Review of Systems: All other systems reviewed and are negative, denies vision changes

O- NAD s1 s2 RRR LCTAB PERRLA A&Ox4

Chart reviewed

HEENT: right tympanic membrane normal, left tympanic membrane is perforated with a abrasion at 12 o'clock no bleeding noted, no trismus, discharge or drainage.

AP- Perforated TM (Left) H72.92

Medical Decision Making

Patient presenting with difficulty hearing. Given history and physical exam findings, presentation most consistent with perforated membrane.

Educated will self resolve and a specialist has been consulted.

Pt understands POC

Referral ENT

Informed to return for new or worsening symptoms such as persistent fevers, persistent vomiting, altered mental status.

Form Folder and Number: Chronic Care CC03.0	Form Owner: Forms Committee	Accreditation: All	Active / Last Revision Date: 12/4/2019
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WC DOC #265583
 ALGIERS RAMON
 SANDERS GARCIA
 PO BOX 10
 VALHALLA, NEW YORK 10595



7021 1970 0000 8145 4531

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: UNITED STATES
 DISTRICT COURT SOUTHERN
 DISTRICT OF NEW YORK
 PROSE INTAKE UNIT
 300 QUARROPAS STREET

WHITE PLAINS, NY 10601



9590 9402 6856 1104 8028 50

2. Article Number (Transfer from service label)
 7021 1970 0000 8145 4531

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent
 Addressee

B. Received by (Printed Name)

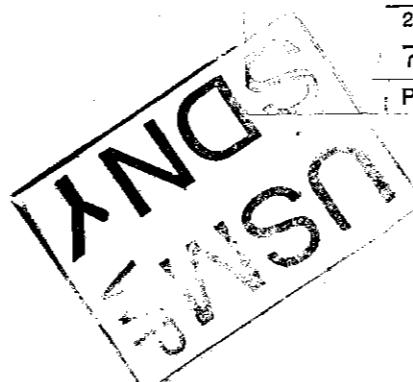
C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

<input checked="" type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input checked="" type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

Domestic Return Receipt



UNITED STATES DISTRICT COURT
 SOUTHERN DISTRICT OF NEW YORK
 PROSE INTAKE UNIT

300 QUARROPAS STREET
 WHITE PLAINS, NEW YORK 10601

